



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <span style="font-size: 1.5em; margin-left: 100px;">150659</span>		3. This Statement covers From: <u>July 23, 2012</u> to <u>Aug. 27, 2012</u>	
2. Committee Name <u>COMMITTEE TO ELECT</u> <u>MICHAEL O'NEILL Co Commissioner</u>		4. Candidate Last Name <u>O'NEILL</u> First Name <u>MICHAEL</u> M.I. <u>P.</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>COUNTY COMMISSIONER DISTRICT #7</u> 4b. County of Residence <u>BAY</u>	
5. Committee's Mailing Address <u>311 VALERIE CT.</u> <u>ESSEXVILLE, MI 48732</u>  Area Code and Phone <u>989-598-4441</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <u>GARY STEFANIAK</u> <u>316 PINE ST.</u> <u>ESSEXVILLE, MI 48732</u>  Area Code & Phone <u>989-892-1692</u>	
7. Treasurer's Business Address <u>SALE</u>  Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>MICHAEL O'NEILL</u> <u>311 VALERIE CT.</u> <u>ESSEXVILLE, MI 48732</u>  Area Code and Phone <u>989-598-4441</u>	

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus

Date of Election, Convention or Caucus  
August 7, 2012

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☒ Dissolution of Candidate Committee

Effective Date of Dissolution  
9-4-12

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	<table style="width:100%;"> <tr> <td style="width: 40%;">Current Treasurer or Designated Record keeper</td> <td style="width: 30%;"><u>Gary L. Stefaniak</u></td> <td style="width: 20%;">Type or Print Name</td> <td style="width: 10%;">Signature</td> <td style="width: 10%;">Date</td> </tr> <tr> <td></td> <td><u>Gary L. Stefaniak</u></td> <td></td> <td></td> <td><u>9/4/12</u></td> </tr> <tr> <td>Candidate</td> <td><u>MICHAEL P. O'NEILL</u></td> <td>Type or Print Name</td> <td>Signature</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>[Signature]</u></td> <td><u>9/4/12</u></td> </tr> </table>	Current Treasurer or Designated Record keeper	<u>Gary L. Stefaniak</u>	Type or Print Name	Signature	Date		<u>Gary L. Stefaniak</u>			<u>9/4/12</u>	Candidate	<u>MICHAEL P. O'NEILL</u>	Type or Print Name	Signature	Date				<u>[Signature]</u>	<u>9/4/12</u>
Current Treasurer or Designated Record keeper	<u>Gary L. Stefaniak</u>	Type or Print Name	Signature	Date																	
	<u>Gary L. Stefaniak</u>			<u>9/4/12</u>																	
Candidate	<u>MICHAEL P. O'NEILL</u>	Type or Print Name	Signature	Date																	
			<u>[Signature]</u>	<u>9/4/12</u>																	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

150659

2. Committee Name

Comm to Elect MICHAEL O'NEILL  
CO-Comm.

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	470-	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	470-	(18.) \$ 2500-
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	470-	(20.) \$ 2500-
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	0	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	597 <sup>32</sup>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	597 <sup>32</sup>	(23.) \$ 2500-
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	0	(24.) \$ 0
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	0	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	127.32	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	470.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	597.32	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	597.32	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	- 0 -	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150659  
2. Committee Name Comm to Elect Michael Ohl <sup>CO</sup> <sub>ten.</sub>

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Karl G &amp; Gail T. Klein</u> <u>418 PARK</u> <u>BAY CITY, MI 48708</u>		\$ <u>30<sup>00</sup></u>	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-31-12</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>SHYAM &amp; VANI DADDAMUDI</u> <u>306 OAKLAND DRIVE</u> <u>ESSEXVILLE, MI 48732</u>		\$ <u>50<sup>00</sup></u>	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-31-12</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>BETTY DORIAN</u> <u>309 SHARPE ST.</u> <u>ESSEXVILLE, MI 48732</u>		\$ <u>20<sup>00</sup></u>	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-31-12</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>PAUL HARDY</u> <u>301 BIRNEY ST.</u> <u>ESSEXVILLE, MI 48732</u>		\$ <u>250<sup>00</sup></u>	
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-31-12</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Driving School Owner</u> Employer <u>BAY AREA DRIVING</u> Business Address <u>301 BIRNEY ESSEXVILLE, MI 48732</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

350<sup>00</sup>

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.

SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150659

2. Committee Name

Comm to Elect Michael O'Neil  
CO. COMM

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1

PAC Receipt?

☐ YES

4. Date of Receipt

8-3-12

Name & Address:

GARY & LYNN JOHNSON  
614 HART  
ESSEXVILLE, MI 48732

\$ 20<sup>00</sup>

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:



Direct



Loan from a person



Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

8-3-12

Name & Address

PAUL SANBURN  
1306 JODIE LYNN LANE  
ESSEXVILLE, MI 48732

\$ 50<sup>00</sup>

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:



Direct



Loan from a person



Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

ROBERT J. + KATHLEEN L. GROMEK  
37484 MALLORY DRIVE  
LIVONIA, MI 48154

\$ 50<sup>00</sup>

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:



Direct



Loan from a person



Fund Raiser

3. Contribution #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:



Direct



Loan from a person



Fund Raiser

Page Subtotal

120<sup>00</sup>

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$ 470<sup>00</sup>

Enter this total on  
line 3a of Summary  
Page.

**SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number

150659

2. Committee Name

Comm. to Elect Michael O'Neill Co. Comm

3. Name and address of person or vendor to whom paid		4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>DORNBOS PRINTING</u> Address <u>1131 E. GENESSEE AVE.</u> <u>SAGINAW, MI 48607</u> <input type="checkbox"/> Fund Raiser		Purpose: <u>POSTAGE - POST CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-2-12</u> Date	<u>\$ 203<sup>00</sup></u>
<b>Expenditure #2</b> Name <u>DORNBOS PRINTING</u> Address <u>1131 E. GENESSEE AVE.</u> <u>SAGINAW, MI 48607</u> <input type="checkbox"/> Fund Raiser		Purpose: <u>ELECTION CARDS + INK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-2-12</u> Date	<u>\$ 344<sup>50</sup></u>
<b>Expenditure #3</b> Name <u>MICHAEL O'NEILL</u> Address <u>311 VALERIE CT</u> <u>ESSEXVILLE, MI 48732</u> <input type="checkbox"/> Fund Raiser		Purpose: <u>REPAY loan</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-4-12</u> Date	<u>\$ 49<sup>20</sup></u>
<b>Expenditure #4</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser		Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
<b>Expenditure #5</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser		Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<u>597<sup>32</sup></u>	
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>597<sup>32</sup></u>	

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number

150659

2. Committee Name

Comm. to Elect Michael O'Neill Co. Comm.

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☒ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: MICHAEL O'NEILL 311 VALERIE CT. ESSEXVILLE, MI	4. Type: <u>LOAN TO ELECT. COMM</u> 5. Date Debt Was Incurred: <u>6/21/2012</u> 6. Original Amount of Debt: <u>\$ 900.00</u>	<u>9/4/12</u> \$ \$ \$ \$	\$ <u>49.20</u>	\$ <u>850.80</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

0

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.